

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030254

318

1003

7911

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

4812 St. Louis

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Henry

Middle

McMichael

Last

4. DATE OF DEATH

Month

Day

Year

August

1

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct 31, 1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Scullen Steel

11. BIRTHPLACE (City and state or country)

Louisiana

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Lewis McMichael

13b. MOTHER'S MAIDEN NAME

Mary Jane James

14. NAME OF HUSBAND OR WIFE

Jessie McMichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

17. INFORMANT

Jessie McMichael 4812 St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a)

DUE TO (b)

Hypertension

LONG CAUSE (c)

DUE TO (c)

Atherosclerosis

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 31, 1963

to Aug 1, 1963

and last saw her

him alive on

1:30 P.M., 8/1/63

Death occurred at

1:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated

22a. SIGNATURE

(Degree or title)

Walter G. Younger M.D.

22b. ADDRESS

4635 East St. Louis Mo

22c. DATE SIGNED

8/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Aug 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

W. B. Rooney

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

AUG 3 1963

26. REGISTRAR'S SIGNATURE

Walter Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver Crumble

Licensed Embalmer No. 5185

P. O. Address 1221 N Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.